

Worksheet for Requesting Exceptions To The Diversion Law (SB 859)

(Effective July 1, 2004)

SENATE BILL 859

(122C-261(f), 122C-262(d), 122C-263(d)(2) regulations)

The Diversion Law (SB 859) prohibits the admission of consumers with mental retardation, or suspected mental retardation, and a co-occurring mental illness, to state psychiatric hospitals with limited exceptions. The exceptions must be determined by the Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) or his designee(s). The information you submit on this worksheet will be used to document that the requirements of SB 859 have been met and to support the development of rational and effective solutions to problems that may arise in the implementation of this law.

EXCEPTION CRITERIA

In the event a consumer known or reasonably believed to have mental retardation and a co-occurring mental illness is transported to a State facility for the mentally ill, that consumer shall not be admitted to that facility except as follows:

- (1) Persons described in G.S. 122C-266(b), i.e., **HB-95**; (court committed persons who have been charged with a violent crime and have been found incapable to proceed to trial).
- (2) Persons admitted pursuant to G.S. 15A-1321, i.e., **SB-43**; (court committed persons who have been found not guilty by reason of insanity).
- (3) Respondents who are so **extremely dangerous** as to pose a serious threat to others in the community or to other patients in community hospitals, as determined by the Division.
- (4) Respondents who are so gravely disabled by both multiple disorders and **medical fragility** or multiple disorders and **deafness** that alternative care is inappropriate, as determined by the Division.

INSTRUCTIONS FOR LME STAFF IN GRANTING AN EXCEPTION

1. Try to arrange an admission to a non-State hospital. Document the hospitals called, reasons for denials, specific times of contact, and names of persons contacted. You must call at least one diversion site and up to a total of five appropriate community hospitals.
2. If an admission to a non-State hospital cannot be arranged and the consumer qualifies for an exception, complete this Worksheet for Exceptions.
3. Fax the completed Worksheet to the appropriate State hospital Admitting Office.

Hospital:

FAX#

Broughton:

828.433.2082

Cherry:

919.731.3793

Central Regional-Raleigh Campus: 919.733.6444

Central Regional-Butner: 919.764.7420

***This worksheet is to be completed in full before granting an exception to the Diversion Law and faxed immediately to the appropriate State psychiatric hospital.**

Consumer's Name: _____ D/O/B: _____ Date: _____
 LME/Area Program: _____ Telephone #: _____
 Name of Person Completing this Form: _____ Title: _____
 Examining Physician: _____ Date of Exam: _____
 Name of Person Completing This Form: _____
 Guardian's Name: _____ Telephone #: _____
 Diagnoses: _____

EXCEPTION 1 AND 2: COURT INVOLVED ADMISSIONS

If the consumer has been determined by the court to meet the criteria 1 or 2, HB 95 or SB 43, STOP, you do not need to complete this form. These consumers do not require approval by the Division for admission to state hospitals.

EXCEPTION 3: EXTREME DANGEROUSNESS TO OTHERS

- A. Consider these criteria for determining level of dangerousness (if any), and indicate presence of a factor with check marks:
- ____ Current aggressive or homicidal behavior or such intentions with plan and available means to carry out this behavior without ambivalence or significant barriers to doing so.
- ____ History of episodes of violence toward others.
- ____ Unable or unwilling to contract with staff for safety.
- B. Consider and comment briefly on the antecedents to the dangerous behavior:
1. Is the consumer so acutely ill (e.g., psychotic) that behavioral interventions are unlikely to help modify the dangerous behavior?

 2. Consider and comment briefly on environmental factors preceding the dangerous behavior that help explain the behavior (e.g., stressful events and relationship issues with peers, staff, or family).

 3. Consider and comment briefly on the level of supervision when the dangerous behavior occurred.

 4. Consider and comment briefly on any significant disruption in family life or group living, staffing and/or organizational problems/stressors at the time the dangerous behavior occurred.

 5. Consider and comment briefly on the use of a crisis plan and the consumer's response to the intervention.

 6. Describe the clinical situation as to why this person meets the extreme dangerousness criteria. Remember, property destruction alone or suicidal behavior does not meet extreme dangerousness criteria.

EXCEPTION 4A: MULTIPLE DISORDERS (MR/MI) AND MEDICAL FRAGILITY

Consumer has indications of medical fragility as checked below:

- ___ Significant medical conditions exist which may be poorly controlled, or potentially life threatening conditions may occur in the absence of close medical management (e.g., uncontrolled diabetes mellitus, pregnancy, severe liver disease, debilitating cardiovascular disease, severe alcohol or other drug withdrawal); or
- ___ Presence of psychiatric disorder places consumer at high risk of exacerbating medical condition(s), or serious medical condition acutely exacerbates the psychiatric disorder; or
- ___ Acute psychiatric symptoms are present which prevent voluntary participation in treatment for the co-existing medical condition, or otherwise prevent recovery from the medical condition, or otherwise exacerbate it.

Describe the consumer's clinical situation of how the medical and psychiatric conditions meet the criteria for medical fragility.

EXCEPTION 4B: MULTIPLE DISORDERS (MR/MI) AND DEAFNESS

This exception is included in SB 859 to allow consumers with MI/MR who are culturally deaf and need more than short-term hospitalization to be transferred from a non-State psychiatric facility to the Deaf Services Unit at Dorothea Dix Hospital. This exception should be requested only after the transfer protocol outlined in 10 NCAC 15A.0700 (Admission of Deaf Consumers to State Psychiatric Hospitals and Transfer of Deaf Consumers to Broughton Hospital) has been completed.

- A. Consider the following issues before requesting a transfer due to cultural deafness.
1. A culturally deaf consumer is defined as: a consumer who (a) has a severe to profound hearing loss and utilizes a modality of sign language or (b) has severe to profound hearing loss and would benefit from a signing environment. What is the consumers' hearing loss? What is the consumer's primary means of communication? _____
 2. Can the current or another non-State psychiatric facility setting provide accessible, appropriate treatment through the use of interpreters, assistive listening devices, or other means? Keep in mind that it is a violation of the American with Disabilities Act for a hospital to deny admission due solely to the consumer's deafness. _____
 3. The first step in requesting Exception 4B is to arrange an assessment of the consumer's continuing treatment needs by the Regional Consultant for Deaf Services. What are his/her clinical recommendations about the service needs of the consumer? _____

Describe the consumer's clinical situation as to why he/she meets the Deaf criteria and the need for psychiatric hospitalization.

Reason(s) For Denial

#4B Deafness

**SCREENING FOR MENTAL RETARDATION
IN NORTH CAROLINA'S PSYCHIATRIC HOSPITALS**

Purpose: This screening is to be conducted whenever a diagnosis of mental retardation is indicated in the record or suspected following assessment of the client. In accordance with DSM IV, the essential features of a mental retardation are: (1) significantly sub-average intellectual functioning, (2) concurrent deficits or impairments in present adaptive functioning, (3) with onset before the age of 22 [as edited by the State of NC].

1. Client Name: _____ 2. Date: _____

3. Unique I.D. #: _____ 4. Medicaid #: _____ 5. Hospital Case #: _____

6. LME **AND** County: _____ / _____ 7. Hospital: _____
(Where residing at the time of admission)

8. Hospital Admission Date: _____ 9. Hospital Discharge Date: _____

10. Discharge Placement: _____

11. Name, Address, and Telephone, and Relationship of Guardian (Or None): _____

12. Intellectual Evaluation (It is necessary to gather historical testing prior to age 22)

<u>Test</u>	<u>Scores</u>	<u>Date of Evaluation(s)</u>
Stanford-Binet, L-M or 4 th ed.	IQ _____ MA _____	_____
WISC, WAIS, WISC-R	VIQ _____	_____
WAIS-R, WISC III, WAIS III	PIQ _____	_____
WPPSI	FIQ _____	_____

Other: (Specify name of test, score and date of evaluation) _____

Comments/Explanation: (List Subtest Scores, if known) _____

13. Adaptive Functioning

<u>Test</u>	<u>Scores (if any)</u>	<u>Date of Evaluation(s)/Interview</u>
AAMD Adaptive Behavior	_____	_____
Vineland Adaptive Behavior Scale	_____	_____
Street Survival Skills Questionnaire	_____	_____
Other	_____	_____

Comments/Explanation: _____

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14. Developmental Origin

Were there delays in the acquisition of developmental milestones? Yes___ No___

Was the client placed in special education services for MR Students? Yes___ No___

Was significant sub-average intellectual functioning present prior to age 22? Yes___ No___

Were deficits/impairments in adaptive functioning present prior to age 22? Yes___ No___

Is there evidence of injury or trauma subsequent to age 22? Yes___ No___

Comments/Explanation: _____

15. Screening Results:

Diagnosis of mental retardation substantiated through evidence of:

Significantly sub-average intellectual functioning Yes___ No___

Concurrent deficits in adaptive functioning Yes___ No___

Onset before the age of 22? Yes___ No___

If all three criteria are met, diagnosis of mental retardation is substantiated. Please specify level:

_____ 317	Mild Mental Retardation
_____ 318.0	Moderate Mental Retardation
_____ 318.1	Severe Mental Retardation
_____ 318.2	Profound Mental Retardation
_____ 319	Unspecified Mental Retardation

Check any of the following that apply:

- Diagnosis of MR is NOT substantiated: _____
- Re-screening is recommended: _____
- Due to the fact that the screening is incomplete, there is still reason to suspect that the client may have an intellectual disability _____

16. Signature (of person completing screening form): _____

Title: _____ MR/MI Liaison

Telephone No: _____

17. Signature (of attending physician): _____

Date: _____